

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis, Missouri.**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **St. Louis City Hospital-Max C. Starkloff**  
(d) Length of stay: In hospital or institution **20 days**  
In this community **Life**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(d) Street No. **305 Lucas Ave., Memorial**  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **LEWIS OTT**  
3. (b) If veteran, name war **?** 3. (c) Social Security No. **?**  
4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **August 31st, ?**

8. AGE: Years **abt - 58** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Missouri**  
10. Usual occupation **Unknown**

11. Industry or business \_\_\_\_\_  
12. Name **JOHN OTT**  
13. Birthplace **Unknown**  
14. Maiden name **ELLA UNKNOWN**  
15. Birthplace **Unknown**

16. (a) Informant **M. Renard**  
(b) Address **St. Louis City Hospital**

17. (a) **Anatomical Board** (b) Date thereof **8-1-46**  
(c) Place: burial or cremation \_\_\_\_\_  
18. (a) Signature of funeral director **W. Ruttus**  
(b) Address **300 Ruttus**  
19. **AUG 1 1946** (b) **J. F. Bredek**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **8th**  
year **1946** hour **1:48** minute **P** M.  
21. I hereby certify that I attended the deceased from **6/18/46**  
to **7/8/46**  
that I last saw him alive on **7/8/46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Cerebrovascular Disease**  
Due to \_\_\_\_\_  
Other conditions **Carcinoma of Stomach**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **No**  
Of autopsy **No**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Signature **W. Ruttus** Date signed **7/8/46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**